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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue, NW ADDRESS (number and street) South Building, Suite 500 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2011 04 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Charles W. Stellar Type or Print Name of Treasurer Electronically Filed by Charles W. Stellar 05 20 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

	,		
	Vrite or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC	C)	
F		0 1 Y Y Y Y Y 2 0 1 1	To: 0 4 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y		100661.07
	(b) Cash on Hand at Begining of Reporting Period	44366.63	
	(c) Total Receipts (from Line 19)	25023.99	69002.39
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69390.62	169663.46
7.	Total Disbursements (from Line 31)	14314.65	114587.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55075.97	55075.97
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C. and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

(such as PACs)

Party Committees

(c) Total Transfer (add 18(a) and 18(b)).

(d) Total Contributions (add Lines

м °м 0 4 01 м м 0 4 30 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18975.55 35866.69 (i) Itemized (use Schedule A) 1048.44 6135.70 (ii) Unitemized (iii) TOTAL (add 20023.99 42002.39 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 5000.00 27000.00

11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25023.99	69002.39	
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	

13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00

Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made		

to Federal candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receints		

The Carlot of Carlot of Carlot	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00

18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
		0.00	0.00

(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00

19. Total Rece	eipts (add Lines 11(d),	27222 22	22222
10 10 14	15 16 17 and 10	(0))	25023.99	69002.39

25023.99

12, 13, 14, 15, 16, 17, and 18(c))	25023.99	69002.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25023.99	69002.39

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	314.65	587.49	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	314.65	587.49	
. Transfers to Affiliated/Other Party Committees	2.22	2500.00	
Contributions to Federal Candidates/Committeesand Other Political Committees		111500.00	
. Independent Expenditure			
(use Schedule E) Coordinated Expenditures Made by Part	ty	0.00	
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	▶ 0.00	0.00	
. Other Disbursements	0.00	0.00	
. Federal Election Activity (2 U.S.C 431(2 (a) Shared Federal Election Activity	20))		
(from Schedule H6) (i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entire With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
. Total Disbursements (add Lines 21(c), 23, 24, 25, 26, 27, 28(d), 29 and 30(c)	14044.05	114587.49	
	/ ⁻		
 Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(iii) 			
from Line 31)	14314.65	114587.49	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	25023.99	69002.39
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25023.99	69002.39
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	314.65	587.49
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	314.65	587.49

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/30 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persong the name and address of any political committee to PAC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William Alvin Mailing Address 2850 W Grand Bl City Detroit FEC ID number of contributing federal political committee. Name of Employer Health Alliance Plan Receipt For: Primary General Other (specify)	State Zip Code MI 48202-2643 C Occupation President & CEO Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y Transaction ID: 10C3D86CFD000D5D52 Amount of Each Receipt this Period 2000.00
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Suite 500, South I City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Suite 500, South I City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Avenue N.W. Building State Zip Code DC 20004 C Occupation Senior Vice President Aggregate Year-to-Date 1000.00	Date of Receipt M M / 29 / 2011 Transaction ID: 2011051393641-2 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (option	nal)	2250.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commerci	copied from such Reports and S al purposes, other than using the OMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	Health Insurance Plans PAC	C (AHIP PAC	C)	
Carmella Boo		A114/		Date of Receipt
Mailing Addr	ess 601 Pennsylvania Ave Suite 500, South Build			04 15 2011
City		State	Zip Code	Transaction ID: 20110415112227-2
	ber of contributing	C	20004	Amount of Each Receipt this Period 208.33
federal politic	cal committee.	C		200.33
Name of Em America's He Plans	ployer ealth Insurance	Occupation Executive	n e Vice President, Clinical Aff	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primar Other (y		1666.64	
Full Name (L Carmella Boo	.ast, First, Middle Initial) chino			Date of Receipt
Mailing Addr	ess 601 Pennsylvania Ave Suite 500, South Build			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City		State	Zip Code	Transaction ID: 2011051393641-3
Washingto		DC	20004	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		208.33
Name of Em America's He Plans	ployer ealth Insurance	Occupation Executive	n e Vice President, Clinical Aff	
Receipt For:		Aggregate	e Year-to-Date 🔻	
Primar Other (y	0 0	1666.64	
Full Name (L	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ess 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 20110415112227-3
Washingto		DC	20004	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		41.67
Name of Em America's He Plans	ployer ealth Insurance	Occupation Regional	n I Director	
Receipt For:		Aggregate	e Year-to-Date ▼ 333.36	
SUBTOTAL of	Receipts This Page (optional)			458.33
	Period (last page this line number		·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ne name and address of any political committee to s	for the purpose of soliciting contributions
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		04 29 2011
City	State Zip Code	Transaction ID: 2011051393641-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance	Occupation	1
Plans Receipt For:	Regional Director	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		0 4
City	State Zip Code	Transaction ID: 20110415112227-6
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104.17
Name of Employer America's Health Insurance	Occupation Vice President, Marketing and Graphic	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.36	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		04 29 2011
City	State Zip Code	Transaction ID: 2011051393641-7
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	833.36	
SUBTOTAL of Receipts This Page (optional)		250.01
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave	onua N W	Date of Receipt
Suite 500, South Build		04 15 2011
City	State Zip Code	Transaction ID: 20110415112227-11
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation	7
<u>Plans</u>	Executive Director Insurance Educati	or
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	04 29 2011
City	State Zip Code	Transaction ID: 2011051393641-12
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director Insurance Educati	or
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mary Beth Donahue		Date of Receipt
Mailing Address 601 Pennsylvania Ave South Building, Suite 9	500	04 15 2011
City	State Zip Code	Transaction ID: 2B0321E9E533904C
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Policy & Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	5000.00	1
Other (specify)	3000.00	
		5125.00

SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any p g the name and address of any political committe	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Katie Dunning Mailing Address 601 Pennsylvania Suite 500, South E	Avenue N.W.	Date of Receipt 0 4 1 5 2 0 1 1
City	State Zip Code	Transaction ID: 20110415112227-14
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
America's Hèalfh Insurance Plans	Regional Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial) Katie Dunning		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	04 29 7 2011
City	State Zip Code	Transaction ID: 2011051393641-15
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	•
Full Name (Last, First, Middle Initial) Daniel Durham		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500 South B	uilding	04 29 2011
City	State Zip Code	Transaction ID: 4EC1D7023FFC3C3E
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation EVP, Policy and Regulatory Affair	s
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	208.33	
		291.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 30 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupatio Deputy E		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 20110415112227-15 Amount of Each Receipt this Period 31.25
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupatio Deputy E		Date of Receipt M M M / 29 / 2011 Transaction ID: 2011051393641-17 Amount of Each Receipt this Period 31.25
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupatio Regional	Zip Code 20004 n Director e Year-to-Date ▼ 216.64	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional))	89.58

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	the name and addre	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Suite 500, South B City	uilding State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee. Name of Employer	DC C Occupation	20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Senior Ass	ociate Counsel, Special P ear-to-Date ▼ 250.00	roj
Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Auguste 500, South B			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 2011051393641-22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		31.25
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼		ociate Counsel, Special P ear-to-Date ▼ 250.00	roj
Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Su City	Ave NW ite 500 State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC C	20004-2601	Amount of Each Receipt this Period 4000.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice	e President, Product Policy	<u> </u>
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 4000.00	
SUBTOTAL of Receipts This Page (options	al)		4062.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alethia Jackson	76 (74111 1716)	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20110415112227-19 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Alethia Jackson	NW.	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding	04 29 2011
City Washington	State Zip Code DC 20004	Transaction ID: 2011051393641-25 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initial) Erik Komendant		Date of Receipt
Mailing Address 440 L St NW # 712		04 06 2011
City Washington	State Zip Code DC 20001-2579	Transaction ID: 7F478E3F6EEA9415D5 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer America's Health Insurance Plans	Occupation Vice President, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
)	1166.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 30 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	7:- Oada	0 4
City Washington	State DC	Zip Code 20004	Transaction ID: 20110415112227-20 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.36	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			04 29 2011
City	•		Transaction ID: 2011051393641-27
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	333.36	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			04 15 7 2011
City	State	Zip Code	Transaction ID: 20110415112227-21
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Cen	n ter for Health Policy & Resea	ar
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		208.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	7. 0.4.	04 29 2011
City Washington	State DC	Zip Code 20004	Transaction ID: 2011051393641-28 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Cen	n ter for Health Policy & Rese	ar
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			04 / 15 / Y Y Y Y Y Y
City State		Zip Code	Transaction ID: 20110415112227-2
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans	Occupation Senior Di	n rector Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.36]
Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 2011051393641-29
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans		rector Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.36]
SUBTOTAL of Receipts This Page (optiona	1		333.34

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 30 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Miller			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	7: 0 1	04 15 2011
City Washington	State DC	Zip Code 20004	Transaction ID: 20110415112227-29 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	104.17
Name of Employer America's Health Insurance Plans	Occupation General Cou	ınsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 833.36	
Full Name (Last, First, Middle Initial) Joseph Miller	Access NIW		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 2011051393641-37
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance	Occupation General Cou	uncol	
<u>Plans</u> Receipt For:	Aggregate Yea		_
Primary General Other (specify) ▼	Aggregate Tec	833.36	
Full Name (Last, First, Middle Initial) Julie Miller	I		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			0 4
City	State	Zip Code	Transaction ID: 20110415112227-30
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans		ciate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	333.36	
SUBTOTAL of Receipts This Page (option	al)		250.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/30 (check only one)
1	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Ź	NAME OF COMMITTEE (In Full)	o namo ana aa	arooo or arry pointed committee to	osnot osnitizatione from outsi committee.
	Americas Health Insurance Plans PA	C (AHIP PAC	()	
٠.	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			04 29 7 2011
	City	State	Zip Code	Transaction ID: 2011051393641-38
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior A	n ssociate Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	333.36	
- 3.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding		04 / 15 / Y Y Y Y Y Y Y
	City State Zip Code		Transaction ID: 20110415112227-33	
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident Product Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		833.36	
_ ;.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			04 29 7 2011
	City	State	Zip Code	Transaction ID: 2011051393641-41
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.17
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident Product Policy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		833.36]
	SUBTOTAL of Receipts This Page (optional) .			250.01

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the mane and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Susan Planano Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Susan Planano Maling Address 601 Pennsylvania Avenue N.W. Pril Name (Last, First, Middle Initial) Susan Planano Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transaction ID: 20110415112227-35 Amount of Each Receipt Initial Date of Receipt Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Amount of Each Receipt Initial Date of Receipt Transaction ID: 2011051393641-42 Transacti	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scher for each category o Detailed Summary	f the Crieck only one)
Susan Pisano Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political co	y any person for the purpose of soliciting contributions omnittee to solicit contributions from such committee.
Mashington DC 20004	Susan Pisano Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ng	0 4
Plans Vice President Strategic Communication Receipt For:	Washington FEC ID number of contributing		Amount of Each Receipt this Period
Date of Receipt Mailing Address Solid Pennsylvania Avenue N.W. Suite Solid Soli	Plans Receipt For: Primary General	Vice President Strategic Con Aggregate Year-to-Date ▼ 104	13.76
City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plats Washington DC 20004 Full Name (Last, First, Middle Initial) Lawrence Plats Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Machine Period Transaction ID: 20110415112227-35 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20110415112227-35 Amount of Each Receipt this Period Date of Receipt Transaction ID: 20110415112227-35 Amount of Each Receipt this Period City State Zip Code Transaction ID: 20110415112227-35 Amount of Each Receipt this Period City Cocupation Director America's Health Insurance Plans Receipt For: Aggregate Year-to-Date Transaction ID: 20110415112227-35 Amount of Each Receipt this Period	Susan Pisano Mailing Address 601 Pennsylvania Ave		M M / D D / Y Y Y Y
Name of Employer America's Health Insurance Plans Primary General Other (specify) ▼	City	State Zip Code	Transaction ID: 2011051393641-42
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		C	130.47
Lawrence Platt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C Transaction ID: 20110415112227-35 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 666.64 Aggregate Year-to-Date ▼ Other (specify) ▼ 666.64 Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Coupation Director Aggregate Year-to-Date ▼ Other (specify) ▼ Coupation Director Aggregate Year-to-Date ▼ Coupation Director Coupation Director Aggregate Year-to-Date ▼ Coupation Director Coupation Director Coupation Director Aggregate Year-to-Date ▼ Coupation Director Coupat	America's Hèalfh Insurance Plans Receipt For: Primary General	Vice President Strategic Con Aggregate Year-to-Date ▼	
Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Other (specify) ▼ Other South Building Other State Zip Code Transaction ID: 20110415112227-35 Amount of Each Receipt this Period 83.33 Amount of Each Receipt this Period 83.43	,		Date of Receipt
Washington DC 20004 Amount of Each Receipt this Period EC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64	Suite 500, South Build	ng	04 15 2011
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Occupation Director Aggregate Year-to-Date ▼ 666.64	•	'	
Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 666.64		C	83.33
Primary General Other (specify) ▼ 666.64	<u>Plans</u>	Director	
SUBTOTAL of Receipts This Page (optional)	Primary General		66.64
	SUBTOTAL of Receipts This Page (optional)		344.27

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck orlly orle)
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	04 29 2011
City Washington	State Zip Code DC 20004	Transaction ID: 2011051393641-43 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.	64
Full Name (Last, First, Middle Initial) Sue Rohan	l	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		0 4
City	State Zip Code	Transaction ID: 20110415112227-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation Vice President, Federal Progra	ams
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.	64
Full Name (Last, First, Middle Initial) Sue Rohan		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		04 29 2011
City	State Zip Code	Transaction ID: 2011051393641-47
Washington FEC ID number of contributing	DC 20004	Amount of Each Receipt this Period 83.33
federal political committee.	Occupation	
Name of Employer America's Health Insurance Plans	Vice President, Federal Progra	ams
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.	64
	al)	249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 30 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania			Date of Receipt
Suite 500, South B City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	0 4
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	'	n ce President, Professional P Year-to-Date ▼ 333.36	Pr
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Suite 500, South B City Washington		Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n ce President, Professional P Year-to-Date ▼ 333.36	41.67 Pr
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Suite 500, South B		Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 104.17
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Aggregate		
SUBTOTAL of Receipts This Page (options	al)		187.51

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 30 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding		04 29 7 2011
City	State	Zip Code	Transaction ID: 2011051393641-49
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.17
Name of Employer America's Health Insurance	Occupation Executive		7
<u>Plans</u> Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼	riggiogato	833.36	
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20110415112227-4
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1666.64]
Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			04 29 7 2011
City	State	Zip Code	Transaction ID: 2011051393641-51
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Vice President	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1666.64	
SUBTOTAL of Receipts This Page (optional			520.83

SCHEDULE A (FEC FOR ITEMIZED RECEIPTS Any information copied from such Rep	for each category of the Detailed Summary Page ports and Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 22 / 30 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full) Americas Health Insurance P	n using the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initia Mark Van Koevering	,	Date of Receipt
Mailing Address 601 Pennsylv Suite 500, So	ania Avenue N.W. uth Building	04 15 2011
City	State Zip Code	Transaction ID: 20110415112227-43
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.64	
Full Name (Last, First, Middle Initial Mark Van Koevering	J)	Date of Receipt
Mailing Address 601 Pennsylv Suite 500, So	ania Avenue N.W. uth Building	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2011051393641-53
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	
Full Name (Last, First, Middle Initia	l l)	Date of Receipt
Mailing Address 601 Pennsylv Suite 500, So	ania Avenue N.W. uth Building	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20110415112227-44
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SURTOTAL of Receipts This Page (optional)	197.91
		-

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 30 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	nd Statements may not be sold or used by any peg the name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Suite 500, South B		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, State Publications Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania South Building, Su		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: BE57D6E0CCF025EE
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building	04 15 2011
City Washington	State Zip Code DC 20004	Transaction ID: 20110415112227-46 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 20004	104.17
Name of Employer America's Health Insurance Plans	Occupation Press Secretary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	
SUBTOTAL of Receipts This Page (option	al)	2635.42

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FOR LINE NUMBER: PAGE 24/30 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Robert Zirkelbach Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 0 4 29 2011 Suite 500, South Building City Zip Code State Transaction ID: 2011051393641-56 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 C federal political committee. Name of Employer America's Health Insurance Occupation Press Secretary Plans Receipt For: Aggregate Year-to-Date Primary General 833.36 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	104.17
TOTAL This Period (last page this line number only)	<u> </u>	18975.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 30 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name are	ts may not be sold or used by any pers and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP	PAC)	
Full Name (Last, First, Middle Initial) Trustmark Insurance Company Political Action Committee Mailing Address 400 Field Drive	(TRUSTPAC)	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Sta Lake Forrest IL FEC ID number of contributing fodoral political committee C	te Zip Code 60045 C00156166	Transaction ID: 220827C6EF0BA1A119C Amount of Each Receipt this Period 5000.00
rederal political confinitiee.	upation	
Receipt For: Primary General Other (specify)	regate Year-to-Date ▼ 5000.00	7

SUBTOTAL of Receipts This Page (optional)	>	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

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В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only X 21b 27	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AF	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: V52567DE3BD2DBB1DD7E Date of Disbursement
Mailing Address P.O. Box 53853			04
•	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Amex Fees		001	206.50
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Citibank			Transaction ID: D2F4986057DB65EA52C Date of Disbursement
Mailing Address 1101 Pennsylvania Ave, l 11th Floor	NW		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix}$
	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fees	I	001	31.74
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Citibank			Transaction ID: 10AF575F9F63D16B314 Date of Disbursement
Mailing Address 1101 Pennsylvania Ave, l 11th Floor	NW		04
	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Fees		001	31.74
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			269.98

State:

A.

District:

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: v one)	PAGE 27/30		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)					
Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Av	e, NW		Transaction ID: 2 Date of Disbursement M 4 D 1 9	· ·		
11th Floor City Washington	State Zip Code DC 20004		Amount of Each Dis	sbursement this Period		
Purpose of Disbursement Administrative Expense - Deposit Slips		001		44.67		
Candidate Name		Category/ Type				
Office Sought: House Disbu	rsement For: Primary General Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	>	44.67
TOTAL This Period (last page this line number only)		314.65

		Use separate schedule(s		(check				AGE 28/30	
T 	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	F	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30l
	y Information copied from such Reports and S or commercial purposes, other than using the								
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC)							
	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee				 Date o	f Disburse	ement	E16DFA85CE	315
	Mailing Address 6849 Old Dominion Drive Suite 222				0 4	¹ 2	0 /	Ý 2011 [°]	
	City State Zip Code McLean VA 22101				Amour	nt of Each	Disburse	ement this Perio	od
	Purpose of Disbursement 2011 Contribution Candidate Name			011	<u></u>			5000.00	
	Blue Dog Political Action Committee	oursement For: 2011		tegory/ ype					
	Senate President	oursement For: 2011 Primary General X Other (specify) ▼ ntribution							
	Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc	inibution			 Date o	f Disburse	ement	05A1C9EC66	304
	Mailing Address 700 13th Street NW Suite 600				0 4		4 /	^Y 2011 ^Y	
	City Washington	State Zip Code DC 20005			Amour	nt of Each	Disburse	ement this Perio	od
	Purpose of Disbursement 2012 Primary)11	L.			2000.00	
	Candidate Name Robert P. Casey, Jr			tegory/ ype					
	Office Sought: House X Senate President State: PA District:	oursement For: 2012 X Primary General Other (specify)							
	Full Name (Last, First, Middle Initial) Gillibrand for Senate				Date o	f Disburse	ement	BB6744B3A0)C6
	Mailing Address 236 Massachusetts Ave Suite 110				0 4	/ D 1	1 /	2011	
	City Washington	State Zip Code DC 20002			Amour	nt of Each	Disburs	ement this Perio	od
	Purpose of Disbursement 2012 Primary			011	<u></u>			1000.00	_
	Candidate Name Kirsten Elizabeth Gillibrand			tegory/ ype					
	Office Sought: House Dis X Senate President State: NY District:	oursement For: 2012 X Primary General Other (specify) ▼							
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Making Business Excel Political Action Committee Mailing Address PO Box 3241 City State Zip Code Cheyenne WY 82003 Purpose of Disbursement 2011 Contribution Candidate Name Making Business Excel Political Action Committee Office Sought: District: Contribution Full Name (Last, First, Middle Initial) Richard Hanna for Congress Committee Mailing Address 2308 Genesee Street City Utica Ny 13502 Purpose of Disbursement Z012 Primary General Purpose of Disbursement Z012 Primary General City Utica Ny 13502 Purpose of Disbursement Z012 Primary General Candidate Name Richard L. Hanna Office Sought: X House President Senate President Senate Primary General Candidate Name Richard L. Hanna Office Sought: X House Primary General Candidate Name Richard L. Hanna Office Sought: X House Primary General Candidate Name Richard L. Hanna Office Sought: X House President Senate President Senate President City Cherry General Candidate Name Coffice Sought: X House Primary General Candidate Name Coffice Sought: X House Senate Coffice Sought: X Primary General Candidate Name Coffice Sought: X Primary General Candidate Name Coffice Sought: X Primary General Candidate Name Coffice Sought: X Primary Candidate Name Coffice Sought: X			Detailed Summary Pag	e 21b	22 X 23 28a 28b	28c 29 30
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Lea caparata capadula(c)	Check only one) 21b 22 X 23 27 28a 28b	PAGE 30 / 30 24
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	,		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AH	IP PAC)		
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